FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)			Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Committee for	a Democratic Future				
ADDRESS (number and st	P.O. Box 18079				
X (Check if address is changed)	WASHINGTON		DC 20036		
	1000500	CITY▲	STATE▲ ZIP CODE ▲		
committee's e-mail demsfuture@he					
1					
COMMITTEE'S WEB F	AGE ADDRESS (URL)				
1					
COMMITTEE'S FAX NO	JMBER 				
2. DATE 0 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICAT	TION NUMBER	C C00370122			
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)			
I certify that I have examin	ed this Statement and to the best of my k	nowledge and belief it is true, correct a	nd complete		
Type or Print Name of T	reasurer Mr. Gerald T. V	Veiner			
Signature of Treasurer	Electronically Filed by Mr. Gera	ald T. Weiner	Date 0 2 / 1 6 / Y Y Y Y Y Y		
NOTE: Submission of fals	·	nay subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530			

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Party Affiliation Office Sought: House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		emocratic, oublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party				
6.	Name of Any Connected Organization or Affiliated Committee					
l		.				
	Mailing Address					
	CITY▲ STATE▲ 2	ZIP CODE A				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	on				
	Membership Organization Trade Association Cooperative					

Write or Type Comr	1 (Revised 02/2003)			Page 3				
	mittee Name							
Committee f	or a Democratic F	uture						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Full Name Ms Gaylord Bourne							
Mailing Address		25 Roydon Road						
		New Haven		06511				
Title or Position	▼	CITY A	STATE▲	ZIP CODE A				
	Assistant Treasur	rer	Telephone number					
Full Name of Treasurer	Mr. Gerald T. \							
Mailing Address		15 Bishop Drive						
Mailing Address		15 Bishop Drive Woodbridge		06525				
Title or Position				06525 ZIP CODE ▲				
		Woodbridge						
		Woodbridge CITY A	STATE ▲	ZIP CODE A				
Title or Position Full Name of Designated	▼ Treasurer Ms Gaylord Bo	Woodbridge CITY A	STATE ▲	ZIP CODE A				
Title or Position Full Name of Designated Agent	▼ Treasurer Ms Gaylord Bo	Woodbridge CITY A	STATE ▲	ZIP CODE A				
Title or Position Full Name of Designated Agent	Treasurer Ms Gaylord Bo	Woodbridge CITY A Durne 25 Roydon Road	STATE ▲ Telephone number 203	ZIP CODE A				

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Mailing Address	Adams National Bank 1501 K Street, NW			
		Washington DC 20005	5		
		CITY △ STATE △ ZIP C	CODE A		